

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019185

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
		IND.	DEP.	IND.	DEP.	IND.	DEP.		*		*		*	
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS